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**State:** District of Columbia **Filing Company:** First Care, Inc.  
**TOI/Sub-TOI:** MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010  
**Product Name:** CareFirst MedPlus  
**Project Name/Number:** O65GUIDE (1.20)/O65GUIDE (1.20)

## Filing at a Glance

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Product Name: CareFirst MedPlus  
State: District of Columbia  
TOI: MS08I Individual Medicare Supplement - Standard Plans 2010  
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Date Requested:  
Author(s): Sean Smith  
Reviewer(s): Colin Johnson (primary), RaShaunda Benson  
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Implementation Date: 02/04/2020

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## General Information

Project Name: O65GUIDE (1.20)	Status of Filing in Domicile:
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Overall Rate Impact:	Filing Status Changed: 02/04/2020
	State Status Changed:
Deemer Date:	Created By: Sean Smith
Submitted By: Sean Smith	Corresponding Filing Tracking Number:

### Filing Description:

The previously filed and approved guide, O65GUIDE (11.19) – SERFF Tracking CFSM-1321466541, has been updated with missing edits (minor) that were not incorporated in the previous filing (i.e. updating the number of plan offerings, etc.). The purpose of this guide to Medicare (“Medicare Made Simple”) is to serve as an educational tool for the senior market segment to help them understand the benefits available through Medicare. The guide does not mention CareFirst MedPlus premiums for our Medicare Supplemental Insurance plan options. However, the guide does briefly showcase the Medicare Supplemental plan options available through CareFirst MedPlus, in a chart format. All Medicare dollar amounts and the years noted have been bracketed so that the guide may be updated in future years without re-filing. Other content has been bracketed as well, which is further explained in the accompanying statement of variability. It is our ultimate goal to use the same guide in D.C, MD, and VA, which is why we’ve bracketed the piece in this way.

## Company and Contact

### Filing Contact Information

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### Filing Company Information

First Care, Inc.	CoCode: 60113	State of Domicile: Maryland
10455 Mill Run Circle	Group Code:	Company Type:
Owings Mills, MD 21117-5559	Group Name:	State ID Number:
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
APPROVED	Colin Johnson	02/04/2020	02/04/2020

<b>SERFF Tracking #:</b>	CFSM-132220544	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	O65GUIDE (1.20)
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## Disposition

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Supporting Document	Cover Letter	APPROVED	Yes
Supporting Document	Statement of Variability	APPROVED	Yes
Supporting Document	Readability Compliance Cert	APPROVED	Yes
Form	O65GUIDE (1.20)	APPROVED	Yes

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## Form Schedule

Lead Form Number: O65GUIDE (1.20)									
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1	APPROVED 02/04/2020	O65GUIDE (1.20)	O65GUIDE (1.20)	ADV	Revised	Previous Filing Number:	CFSM-1321466541		O65GUIDE (1.20).pdf
						Replaced Form Number:	O65GUIDE (1.20)		

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NAP</b>	Network Access Plan
<b>NOC</b>	Notice of Coverage	<b>OTH</b>	Other
<b>OUT</b>	Outline of Coverage	<b>PJK</b>	Policy Jacket
<b>POL</b>	Policy/Contract/Fraternal Certificate	<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
<b>PRC</b>	Provider Contract/Provider Addendum/Provider Leading Agreement	<b>PRD</b>	Provider Directory

# Medicare Made Simple

*Helping you navigate  
Medicare enrollment*

<2020>





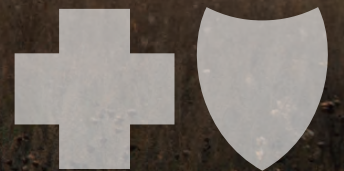




# Before you hit the road...

In the past, you've probably had someone there to help you choose the right health insurance—whether it was family, friends or your company's Human Resources department.

Now you're at a crossroads with lots of questions about where to turn next. CareFirst MedPlus (CareFirst) understands Medicare and wants to guide you along the way. We are here to simplify things as you make your decision on Medicare coverage.





## How to Navigate this Guide

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**Medicare basics**

## What is Medicare?

Medicare is the federal health insurance program created in 1965 for people who meet one of the following criteria:

- Age 65 or older and eligible to receive Social Security
- Under age 65, permanently disabled and have received Social Security disability payments for at least 24 months
- Require ongoing dialysis for end-stage renal disease or need a kidney transplant

## Understanding Medicare and the pathways to comprehensive coverage

Original Medicare is comprised of **Part A (hospital insurance)** and **Part B (medical insurance)**. Some people choose to have Original Medicare alone for their health care coverage. However, not all costs are covered by Original Medicare. There are two primary pathways to get more comprehensive coverage:

- **Medicare Supplement plans** (also known as Medigap) help pay for some of the costs not covered by Original Medicare alone. Individuals who purchase Medigap plans may also choose to add prescription drug coverage (Part D). Medigap and Part D coverage are sold by private insurance companies. See pages 14–18.
- **Medicare Advantage plans** (also known as Part C) combine Part A, Part B and usually Part D coverage. If the Medicare Advantage plan doesn't include prescription drug coverage, you may purchase a separate Part D plan. Medicare Advantage is also sold by private insurance companies. See pages 24–25.

It is important to note that you can have a Medigap plan OR a Medicare Advantage plan, but not both.



**Original Medicare** consists of two parts:  
**Part A** (Hospital Insurance) and **Part B** (Medical Insurance)  
If you want more comprehensive coverage, choose your path below.

← **Medigap**

**Medicare Advantage** →

**Medigap** coverage  
supplements Original  
Medicare.

You can also choose to  
add **Part D Prescription  
Drug** coverage.

**Medicare Advantage (Part C)**  
combines Part A, Part B  
and might include Part D.



# A closer look at Medicare Part A

## What's covered

Medicare Part A covers your hospital stays and other medical facility costs including:

- Inpatient care in hospitals
- Hospice care
- Skilled nursing facility care
- Home health care

## Premiums

The premiums for Part A are based on the number of quarters worked in your lifetime or the number of quarters your spouse has worked. If you or your spouse paid Medicare taxes while working at least 120 months (40 quarters), you won't have to pay a premium for Part A.

If you, or your spouse, did not work the required 40 quarters, you may be able to purchase Medicare Part A. In <2020>, you'll pay <up to \$458> each month for Part A coverage. You may pay less depending on how many quarters you paid Medicare taxes. For more information about the Part A premium, contact Social Security (refer to *Key contacts* on the inside back cover).

## Additional out-of-pocket costs

When you receive Part A coverage, you are responsible for paying a deductible and/or coinsurance during each benefit period (refer to the *Glossary* on page 28 for a definition). The charts below will help you determine your out-of-pocket costs each benefit period before Medicare Part A begins to pay its share.

Inpatient Hospital Stay	
Length of Stay	What You Pay
Days 1–60 in benefit period	<\$1,408> member deductible
Days 61–90 in benefit period	<\$352> coinsurance, per day
Days 91–150 in benefit period (Lifetime Reserve Days)	<\$704> coinsurance, per day
Beyond Lifetime Reserve Days	All costs

Skilled Nursing Facility	
Length of Stay	What You Pay
Days 21–100 in benefit period	<\$176> coinsurance, per day
Each day after Day 100 in benefit period	All costs

# A closer look at Medicare Part B

## What's covered

Medicare Part B helps cover approximately 80% of your medically-necessary services and supplies including:

- Inpatient and outpatient doctor visits
- Inpatient and outpatient medical services
- Inpatient and outpatient surgical services and supplies
- Physical and speech therapies
- Diagnostic tests
- Durable medical equipment
- Outpatient wellness exams and preventive care
- Approved home health and clinical lab services

*\*Some people may pay a higher Part B premium if their modified adjusted gross income as reported on their IRS tax return from two years ago (the most recent tax return information provided to Social Security by the IRS) is above a certain amount. However, if you're already receiving Social Security benefits, your monthly premium on average will be <\$144.60 in 2020>.*

## Premiums

In order to receive Part B coverage, you must:

- Be enrolled in Medicare Part A
- Pay a monthly premium of <\$144.60\* (in 2020)>

## Additional out-of-pocket costs

You pay a yearly deductible of <\$198> for Part B. After your deductible is met, you typically pay 20% of the Medicare-approved amounts for the following:

- Most doctor services (including doctor services you receive while you're hospitalized)
- Outpatient therapy
- Durable medical equipment

## What can doctors charge me?

First, it's helpful to understand **Medicare assignment**, which is your doctor or provider's agreement to accept the Medicare-approved amount as full payment for covered services.

- A doctor or provider who accepts Medicare assignment cannot collect more than the Medicare deductible or coinsurance from you.
- A doctor or provider who does NOT accept Medicare assignment can charge up to 15% over Medicare's approved amounts and require you to pay the entire charge at the time of your appointment. You can still see a doctor or provider who doesn't accept Medicare assignment, but you'll pay more.
- It's always a good idea to ask your doctor or provider if they accept Medicare assignment before you make an appointment so you will know what to expect.



# When can I get Medicare?

Now that you understand a little more about Medicare, you probably want to know when you can get it. Choose the path that best fits your situation: (1) you enroll in Medicare when you turn 65, or (2) you retire later and enroll in Medicare after the age of 65.

## Path #1: When you turn 65

If you plan to enroll in Medicare when you turn 65, here's what you need to know:

Most people receive Medicare Part A and Part B starting the first day of the month they turn age 65 because they already receive Social Security or Railroad Retirement benefits.

- If you are automatically enrolled, you'll receive a red, white and blue Medicare card in the mail three months before your 65th birthday.
  - If you do not receive your Medicare card, contact Social Security at <800-772-1213.> Social Security handles Medicare enrollment. They should be your first stop for questions about Medicare eligibility.
- If you are not already receiving Social Security or Railroad Retirement benefits and you need Medicare, you will need to contact Social Security to apply for Medicare Parts A and B. Your **Initial Enrollment Period** is seven months—the three months before the month you turn 65, the month you turn 65 and the three months after you turn 65.
  - You could face enrollment penalties if you don't enroll in Medicare during this period when you're first eligible.





## Medicare Initial Enrollment Period Timeline

*for individuals who are not automatically enrolled in Medicare*

**Example: Rick turns 65 on <September 15, 2020>.**

<June 1, 2020>—Rick did not receive his Medicare card in the mail, which means he has not been automatically enrolled in Medicare.

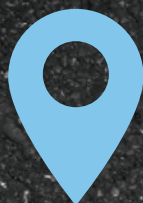
Rick's Initial Enrollment Period begins three months before the month of his 65th birthday.

He needs to contact Social Security to begin the application process.

<September 1, 2020>—Rick's Medicare benefits become effective the first day of his birthday month.

<December 1, 2020>—Rick's Initial Enrollment Period ends three months after his birthday.

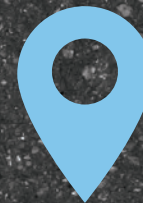
**Initial Enrollment  
Period begins**  
(3 months *before* 65th birthday)



**Effective date**  
(First of the month you turn 65)



**Initial Enrollment  
Period ends**  
(3 months *after* 65th birthday)



Months 1-3

Birthday Month  
(Month 4)

Months 5-7



**IMPORTANT!** *If you receive your Medicare card in the mail and keep it, you are automatically enrolled in Medicare and you do not need to apply through Social Security.*



## Path #2: When you retire after age 65

If you are working past age 65 and choose to enroll in Medicare when you retire at a later date, here's what you need to know:

- If you receive your Medicare card in the mail when you turn 65 and decide you don't want to keep Part B coverage (if you're still covered by your employer's health plan, for example), you can follow the instructions that come with the card and send the card back to Social Security. If you keep the original card you receive, you are agreeing to keep Part B and will be responsible for Part B premiums.
- When you're ready to retire, you will likely need to apply for Medicare during one of these periods:
  - **Special Enrollment Period**—the eight-month period beginning the month after your employment or employer coverage ends, whichever happens first.
    - › Contact Social Security four months before you retire or when your employer coverage ends to request a form that your employer will complete which will trigger the beginning of your Special Enrollment Period. Send this completed form along with your Part B enrollment form, which you can access on <[www.medicare.gov](http://www.medicare.gov)>, to Social Security.
    - › **IMPORTANT:** If you are continuing your employer coverage through COBRA, you should enroll in Part B when you leave your employer. You will not get a Special Enrollment Period when COBRA ends. To avoid the late enrollment penalty, you must sign up for Part B during the eight months after your employment ends.
  - **General Enrollment Period**—occurs January 1–March 31 of each year. If you enroll during this time, coverage begins on July 1. You may have to pay a higher premium for late enrollment.
- Other important information about employer coverage for those working past age 65:
  - If you keep working past 65 and your employer has 20 or more employees, you must be offered the same health coverage as employees who are under 65.
  - If your employer offers retiree health coverage and you are eligible for Medicare, you will most likely need to enroll in Part A and Part B to get the full benefits from your retiree plan. Always talk to your employer or benefits administrator before making any decisions.
    - › **Important:** Employers are not required to offer coverage to retirees.



## Medicare Special Enrollment Period Timeline

*for individuals who are working past age 65 and enroll in Medicare upon retirement*

**Example: Wendy is retiring on <May 1, 2020>.**

<January 1, 2020>—Wendy contacts Social Security four months before she retires to trigger her Special Enrollment Period.

<June 1, 2020>—Wendy's Special Enrollment Period begins one month after she retires.

<January 31, 2021>—Wendy's Special Enrollment Period ends after eight months.



**IMPORTANT!** *If you have coverage through a current or former employer, it's important to understand how your coverage works with Medicare before making any decisions. Consult your employer or benefits administrator.*



# Original Medicare doesn't cover it all

## The gaps

There are many costs that Medicare Part A and Part B do not cover. The chart on the right helps illustrate some of the costs not covered by Medicare Part A alone and how a Medigap plan can help fill those gaps. See pages 14–18 for more information.


There are also some services not covered by Medicare such as:

- Medical and surgical charges above Medicare-approved amounts
- Outpatient prescription drugs
- Acupuncture
- Cosmetic surgery
- Dental care and dentures
- Custodial care (long-term care)
- Hearing aids
- Routine eye care and most eyeglasses
- Routine foot care

Because the benefits listed above are not covered by Medicare, they are also not covered by a Medigap plan. For a full list, visit [www.medicare.gov](http://www.medicare.gov).

Hospital Stay	With Original Medicare Part A Only, You Pay	With CareFirst Medigap Plan G, You Pay
Days 1–60	<\$1,408> Part A deductible	\$0
	+	+
Days 61–90	<\$10,560> <\$352> coinsurance x 30 days	\$0
	+	+
Days 91–150	<\$42,240> <\$704> coinsurance x 60 days	\$0
	=	=
<b>A 150-day hospitalization would cost you:</b>	<b>&lt;\$54,208&gt;</b> With Medicare Part A	<b>\$0</b> With CareFirst Medigap Plan G

*It's important to pick a plan that works for your budget and your needs. The chart above shows the possible out-of-pocket costs of an individual staying in the hospital 150 consecutive days as an inpatient within the same benefit period.*

A man and a woman are embracing on a rocky shore. The woman, on the left, has blonde hair and is wearing a light-colored, long-sleeved jacket. She is smiling broadly, showing her teeth. The man, on the right, has short brown hair and a light beard. He is wearing a grey long-sleeved shirt and tan pants. He is looking off to the side with a gentle smile. They are standing in front of large, dark grey rocks. The background is a clear blue sky.

**Getting comprehensive  
coverage: Medigap**





## Original Medicare and supplemental coverage

Medicare Supplement plans, or Medigap plans, are designed to supplement Original Medicare by paying for the health care costs—the gaps in coverage—that Original Medicare doesn't pay. Medicare will pay its share first, then your Medigap plan will pay its share. With a Medigap plan, you can go to any doctor, specialist or hospital in the United States that accepts Medicare.

## Medigap explained

Medigap plans are standardized by the federal government—meaning that each Medigap plan offers the same benefits and coverage level regardless of the insurance company selling it. In total, there are <12> Medigap plans available (identified alphabetically as Plans A–N). However, companies can choose which of the <12> plans to offer. CareFirst offers <nine>. Additionally, insurance companies can charge different premiums for their plans, and many offer advantages like special discounts, programs and online tools to better serve their members.



**Careful!** Do not confuse *Medicare Parts A–D* with *Medigap Plans A–N*. For example, you could have Medicare Part A and Part B and then purchase Medigap Plan A to fill the gaps.

## Enrolling in a Medigap plan

To enroll in a Medigap plan, you must:

- Be enrolled in Medicare Part B.
- Be age 65 or older (Note: In certain states, Medigap plans are also available to disabled individuals under age 65 who are eligible for Medicare.)

The best time to buy a Medigap plan is during your Medigap Open Enrollment Period, which is the six-month period\* that automatically starts the first day of the month you are enrolled in Medicare Part B.

*\*In Maryland if you are under the age of 65 and disabled, your Open Enrollment Period will begin on the date you are notified by Medicare of your enrollment in Part B.*

## What if I miss my Medigap Open Enrollment Period?

If you miss your Medigap Open Enrollment Period and decide later you want Medigap coverage, you risk:

- Denial of coverage
- More expensive monthly premiums

## Important facts

- You pay a monthly premium for your Medigap plan in addition to your monthly Medicare Part B premium.
- A Medigap plan only covers one person, so spouses must buy separate policies.
- If you have group health coverage from your current employer, your Medigap Open Enrollment Period will start when you sign up for Medicare Part B.

## Medigap Open Enrollment Timeline

### for individuals enrolling in a Medigap plan

#### Example:

<March 1, 2020>—Michael enrolls in Medicare Part B and his Medigap Open Enrollment Period begins.

<August 31, 2020>—Michael's Medigap Open Enrollment Period ends.

**Medigap Open Enrollment begins**  
*(The first day of the month you are enrolled in Part B and age 65 or older)*

**Medigap Open Enrollment ends**  
*(6 months later)*



Months 1–6



## What you pay with Original Medicare vs. what you pay with <2020> CareFirst Medigap plans

	With Original Medicare Alone, You Pay	With Medigap Plan A, You Pay	With Medigap Plan B, You Pay	With Medigap Plan F, You Pay	With Medigap High-Deductible Plan F,* You Pay
				Only applicants who are eligible for Medicare before January 1, 2020 may purchase Plan F, or High-Deductible Plan F	
Hospital Services (Part A)					
Inpatient hospital deductible	<\$1,408>	<\$1,408>	\$0	\$0	\$0 after plan deductible
Hospital days 61–90	\$352/day>	\$0	\$0	\$0	\$0 after plan deductible
Hospital days 91–150 (lifetime reserve)	<\$704/day>	\$0	\$0	\$0	\$0 after plan deductible
365 days after hospital benefits stop	All costs	\$0	\$0	\$0	\$0 after plan deductible
Skilled nursing facility days 21–100	<\$176/day>	<\$176/day>	<\$176/day>	\$0	\$0 after plan deductible
Medical Expenses (Part B)					
Medical expense deductible	<\$198>	<\$198>	<\$198>	\$0	\$0 after plan deductible
Medical expenses after deductible	20%	0%	0%	0%	0% after plan deductible
Excess charges above Medicare-approved amounts (balance billing)	100%	100%	100%	0%	0% after plan deductible
Other Expenses					
Foreign country emergency care (beginning the first 60 days of each trip outside the USA)	100%	100%	100%	<\$250> deductible, then 20%***	<\$250> deductible after plan deductible, then 20%***

With Medigap Plan G, You Pay	With MedPlus High-Deductible Plan G* You Pay	With Medigap Plan L,** You Pay	With Medigap Plan M, You Pay	With Medigap Plan N, You Pay
\$0	\$0 after plan deductible	<\$352>	<\$704>	\$0
\$0	\$0 after plan deductible	\$0	\$0	\$0
\$0	\$0 after plan deductible	\$0	\$0	\$0
\$0	\$0 after plan deductible	\$0	\$0	\$0
\$0	\$0 after plan deductible	<\$44/day>	\$0	\$0
<\$198>	\$0 after plan deductible	<\$198 >	<\$198>	<\$198>
0%	0% after plan deductible	5%	0%	Office visit: up to <\$20>; ER visit: up to <\$50>
0%	0% after plan deductible	100%	100%	100%
<\$250> deductible, then 20%***	<\$250> deductible after plan deductible, then 20%***	100%	<\$250> deductible, then 20%***	<\$250> deductible, then 20%***

Dollar amounts shown are the <2020> deductibles, copayment and coinsurance. These amounts may change on <January 1, 2021>.

\*With High-Deductible Plan G, there is an annual plan deductible of <\$2,340>. After you meet the deductible, you pay <\$0>.

\*\*With Plan L, there is an out-of-pocket limit of <\$2,940>. After you meet the out-of-pocket limit, you pay <\$0>.

\*\*\*Up to <\$50,000> lifetime maximum.





## Find the Medigap plan that fits your needs

When deciding which Medigap plan is right for you, consider these essential questions:

### How much can I afford to spend on a Medigap plan?

Each plan charges a different monthly premium based on the type of coverage the plan provides.

### How comfortable am I paying out-of-pocket costs before my Medigap coverage begins?

Each plan covers a certain percentage of your medical expenses and you cover the rest.

### Does my doctor accept Medicare assignment?

If you see a doctor or provider who does not accept Medicare assignment, they can charge you up to 15% more than the Medicare-approved amount. So you may want to consider a plan that protects you from these extra charges, a practice known as balance billing. <Medigap Plans F, High-Deductible F, G and High-Deductible G include balance billing protection.>

### Will I be traveling out of the country?

Some plans offer you emergency care coverage when you are out of the country. <These include Medigap Plans F, High-Deductible F, G, High-Deductible G, M and N.>

*To compare each Medigap plan offered by CareFirst, consult the chart on pages 16–17 and decide which plan is right for you using your answers to these questions as a guide.*



# Prescription Drug Coverage: Part D







## Part D prescription drug coverage

Neither Original Medicare nor Medigap plans include prescription drug coverage, so Part D was created to help cover your prescription drug costs.

To be eligible for a Part D plan, you must be either:

- Enrolled in Medicare Part B, or
- Enrolled in a Medicare Advantage plan (Part C)

If you choose to enroll in Part D, you will have to pay an additional premium on top of your Part B premium. The best time to enroll in a Part D plan is during your Initial Enrollment Period when you first get Medicare. This period begins three months before the month of your 65th birthday and ends three months after your birthday month. There is also an Open Enrollment Period from October 15 to December 7 each year when you can join, drop or switch Part D plans.

# Using Part D coverage

There are four drug payment stages for prescription drug coverage. See below (and illustration on next page) for the various stages and the standard amounts for <2020>. Each prescription drug plan has its own list of covered drugs, often referred to as a formulary or drug list.

## Stage 1: Yearly deductible

- Begins when you fill your first prescription
- Ends when a deductible of up to <\$435> is met

## Stage 2: Initial coverage

- You and your plan share drug costs until total shared cost reaches <\$4,020>—your level of cost sharing depends on which Part D plan you're enrolled in

## Stage 3: Coverage gap or donut hole

- During this stage, there is a temporary limit on what the drug plan will cover for drugs
- **For brand-name drugs:** You receive a <70%> discount at the point of sale
  - In <2020>, the plan pays <5%> and you pay the remaining <25%>, which counts toward the coverage gap
- **For generic drugs:** The plan pays <63%> of the cost, and you pay <37%> toward the coverage gap
- You remain in the gap until your out-of-pocket costs (deductible, Stage 2 and 3 cost-sharing) reach <\$6,350>

## Stage 4: Catastrophic coverage

- Your plan pays most of your costs for the rest of the year

If you need help paying for prescription drug costs, you may be eligible for an “extra help” program offered to people who meet minimum income requirements. To see if you're eligible, call <800-772-1213> or visit <[www.ssa.gov](http://www.ssa.gov)>.



**Please Note!** *If you miss your Initial Enrollment Period and go without an equal or better prescription drug plan for more than 62 continuous days, you will be charged a late enrollment penalty when you apply for Part D. You may have to pay this penalty for as long as you have Part D.*



## Part D— the “Donut Hole”







Getting comprehensive coverage:  
Medicare Advantage





## Medicare Advantage (Part C)

An alternative to Original Medicare and a Medicare supplement (Medigap) plan is Medicare Advantage, also referred to as Medicare Part C. Medicare Advantage plans are Medicare-approved private health insurance plans that provide all of your Part A (hospital) and Part B (medical) coverage and must include medically-necessary services. Many of these plans include prescription drug coverage (Part D) as a core plan benefit.

Medicare Advantage plans often have restricted networks. This means individuals who enroll in a Medicare Advantage plan may have to see specific doctors and go to certain hospitals within the plan's network to receive care. In addition, each Medicare Advantage plan can charge different out-of-pocket costs and has different rules for how you receive services.



## Enrolling in Medicare Advantage

There are three specific times you can purchase a Medicare Advantage plan:

- **When you first become eligible for Medicare**—A seven-month period that begins three months before the month of your 65th birthday, includes the month of your 65th birthday and continues three months after the month of your 65th birthday.
- **If you get Medicare due to a disability**—You can join during the seven-month period that begins three months before your 25th month of disability and ends three months after your 25th month of disability.
- **Between October 15 and December 7 every year**—Anyone can join, switch or drop a Medicare Advantage plan during this Open Enrollment Period. Coverage will begin on January 1.

There are a few exceptions, known as Special Enrollment Periods, during which you may join, switch or drop a Medicare Advantage plan. Life events that may trigger a Special Enrollment Period are as follows:

- You change where you live
- You lose your current coverage
- You have a chance to get other coverage
- Your plan changes its contract with Medicare
- Other special situations (visit <[www.medicare.gov](http://www.medicare.gov)> for a complete list)



*Each year, between January 1 and February 14, Medicare Advantage members have the opportunity to leave their plan and return to Original Medicare. If your Medicare Advantage plan includes prescription drug coverage, you also have until February 14 to purchase a Part D plan for prescription drug coverage.*



## Medigap vs. Medicare Advantage

Below is a brief comparison of Medicare Advantage and Medigap plans, highlighting some of the significant differences between the two options.

	Medigap	Medicare Advantage
Coverage at any provider that accepts Medicare	Yes	No. You must use a specific network of doctors and hospitals that varies by plan. Outside of that network, you pay more.
Visit any doctor or specialist at any time	Yes	Not typically. Most plans require you to choose a primary care doctor from the plan's network and get referrals to see a specialist.
Nationwide coverage	Yes	Many plans only offer full coverage for emergency care when away from home.
Foreign travel emergency care benefits	Offered by most plans.	Not typically covered. Be sure to check for out-of-the-country coverage.
Enroll or switch plans any time	Yes*	You must adhere to very specific enrollment and disenrollment periods defined by Medicare.

**\*Please Note:** You could be subject to medical underwriting if you are outside your Medigap Open Enrollment Period.



Resources



## Glossary of key terms

**Admitted:** when an individual is placed under the supervision of the hospital for at least one night and is too sick to stay at home, requires 24-hour nursing care, and/or is receiving medications and undergoing tests/surgery that can only be performed in a hospital setting.

**Balance billing:** when a doctor or provider who does not accept Medicare assignment charges you up to 15% more than the Medicare-approved amount.

**Benefit period:** a specific period of time that begins the day you are admitted as an inpatient in a hospital or skilled nursing facility, and ends when you have not received any type of inpatient care for 60 days in a row.

**Coinsurance:** the percentage of the cost you pay after you meet your deductible.

**Copayment (copay):** a fixed dollar amount you pay when you visit a doctor or other provider of service.

**Cost-sharing:** the health care costs your plan doesn't pay that are your share; see deductible, copayment and coinsurance.

**Deductible:** the amount you must pay before the insurance company or Medicare begins to pay its portion of the claims.

**Donut hole:** also known as the coverage gap in Medicare Part D prescription drug coverage; a temporary limit on what the drug plan will cover for drugs that begins after an individual and the drug plan have reached the initial coverage limit for covered drugs.

**Home health care:** skilled nursing and related services provided to patients in a home setting. Home care services include physical therapy, occupational therapy, speech therapy, medical social services, home health services, and medical supplies and equipment.

**Hospice:** a program or facility that provides care, comfort, and support services for terminally ill patients and their families. Hospice care concentrates on reducing the severity of disease symptoms, rather than halting or delaying progression of the disease itself.

**Inpatient:** a patient who has been formally admitted to the hospital under a doctor's order.

**Lifetime reserve days:** additional days Medicare will pay for when you're in a hospital for more than 90 consecutive days in the same benefit period, but once used, cannot be renewed. Individuals have 60 total reserve days for their lifetime.

**Medicare assignment:** when your doctor or provider agrees to accept the Medicare-approved amount as full payment for covered services.

**Out-of-pocket maximum:** the most you will have to pay for medical and prescription drugs in a calendar year.

**Outpatient:** a patient who is not hospitalized overnight but visits a hospital, clinic, or associated facility for diagnosis or treatment and is discharged on the same day.

**Premium:** the money you pay each month for your plan based on where you live, gender, applicable discounts and other variables.

**Skilled nursing facility care (SNF):** a level of care that requires the daily involvement of a skilled nursing or rehabilitation staff like physical therapy and intravenous injections. You qualify only after a three-day minimum hospital stay for a related illness or injury for up to 100 days in a benefit period that includes a semi-private room and meals. Medicare doesn't cover long-term care or custodial care in this setting.



# Exclusions and limitations

## <Maryland and Washington, D.C. Subrogation

Subrogation gives CareFirst MedPlus a legal right to recover benefits that have been provided under this Policy when a third party is liable. This provision applies only to the amount of benefits paid by CareFirst MedPlus for services where the third party is liable. Medicare has separate subrogation rights that Medicare may pursue separately.

1. You shall notify CareFirst MedPlus as soon as reasonably possible that a third party may be liable for the services for which benefits are being paid.
2. To the extent that benefits are paid under this Policy, CareFirst MedPlus shall be subrogated and succeed to any rights or recovery You receive against any person or organization.
3. You shall pay to CareFirst MedPlus the amount recovered by suit, settlement, or otherwise from any third party or third party's insurer to the extent of the benefits paid under this Policy. The amount paid to CareFirst MedPlus will be reduced by CareFirst MedPlus' pro-rata share of the court costs and legal fees incurred to produce such settlement.
4. You shall take any action, furnish information and assistance, and execute papers that CareFirst MedPlus may require to facilitate enforcement of these rights. You shall not commit any action prejudicing the rights and interests of CareFirst MedPlus under this Policy.

## Maryland, Washington, D.C. and Virginia Exclusions

Benefits will not be provided under this Policy for the following:

1. Any amount that duplicates benefits actually provided on your behalf by Medicare.
2. Any claim for a benefit that is not specifically described in the Basic (Core) Benefits or Additional Benefits Sections of this Policy.>

*The purpose of this brochure is the solicitation of insurance; contact will be made by an insurance agent (or the insurance company).  
In some states, Medicare Supplement (Medigap) plans are available to disabled individuals under age 65 that are eligible for Medicare.*

### **The benefits described are issued under policies:**

<Maryland: FCI/MG PLAN A (1/16), FCI/MG PLAN B (1/16), FCI/MG PLAN F (1/16), FCI/MG PLAN HI DED F (1/16), FCI/MG PLAN G (1/16), FCI/MG PLAN HI DED G (6/19), FCI/MG PLAN L (1/16), FCI/MG PLAN M (1/16), FCI/MG PLAN N (1/16), as amended.>

<Washington, D.C.: DC/FCI/PLAN A (6/16), DC/FCI/PLAN B (6/16), DC/FCI/PLAN F (6/16), DC/FCI/PLAN HI DED F (6/16), DC/FCI/PLAN G (6/16), DC/FCI/PLAN HI DED G (6/19), DC/FCI/PLAN L (6/16), DC/FCI/PLAN M (6/16), DC/FCI/PLAN N (6/16), as amended.>

<Virginia: VA/FCI/PLAN A (2/17), VA/FCI/PLAN B (2/17), VA/FCI/PLAN F (2/17), VA/FCI/PLAN HI DED F (2/17), VA/FCI/PLAN G (2/17), VA/FCI/PLAN HI DED G (6/19), VA/FCI/PLAN L (2/17), VA/FCI/PLAN M (2/17), VA/FCI/PLAN N (2/17), as amended.>

Neither CareFirst MedPlus nor its agents represent, work for or are compensated by the Federal or State government or Medicare. First Care, Inc. is a health insurance company incorporated under the laws of the State of Maryland. CareFirst MedPlus is the business name of First Care, Inc. In Northern Virginia, Medicare Supplement policies are only available to persons residing east of State Route 123.

Not connected with or endorsed by the U.S. Government or the Federal Medicare Program.



## Enrollment period snapshot

Original Medicare	Important Reminders	For More Information
<b>Medicare Initial Enrollment Period</b> <ul style="list-style-type: none"> <li>■ Begins 3 months prior to your 65th birthday</li> <li>■ Includes month of your birthday</li> <li>■ Ends 3 months after your birthday month</li> </ul>	This enrollment period mostly applies to individuals turning 65 who are not automatically enrolled in Medicare and who need to apply for Medicare Part A and Part B.	Page 8
<b>Medicare Special Enrollment Period</b> <ul style="list-style-type: none"> <li>■ Begins the month after your employment or employment coverage ends, whichever comes first</li> <li>■ Ends 8 months later</li> </ul>	This enrollment period mostly applies to individuals who choose to work past the age of 65.	Page 10

Comprehensive Coverage	Important Reminders	For More Information
<b>Medigap Open Enrollment Period</b> <ul style="list-style-type: none"> <li>■ The 6-month period that begins the first day of the month you are enrolled in Medicare Part B</li> </ul>	If you apply for a Medigap plan outside this enrollment period, you could face higher premiums or be denied coverage.	Page 15
<b>Part D Open Enrollment Period</b> <ul style="list-style-type: none"> <li>■ October 15 to December 7 each year</li> </ul>	You can join, drop or switch Part D plans. The best time to enroll in a Part D plan is during your Medicare Initial Enrollment Period.	Page 20
<b>Medicare Advantage Open Enrollment Period</b> <ul style="list-style-type: none"> <li>■ October 15 to December 7 each year</li> </ul>	You can join, drop or switch Medicare Advantage plans. You can also purchase a Medicare Advantage plan during your Medicare Initial Enrollment Period.	Page 25

# Key contacts

Still have questions about Medicare and your coverage options? Here are some key contacts when you're ready to take the next step.

## CareFirst contacts

**In Person**—Stop by one of our regional offices <Monday–Friday, 8:30 a.m.–4:30 p.m.> Our Customer Service Representatives are on hand to address any questions you may have.

<Annapolis Regional Office>  
<151 West Street, Suite 101>  
<Annapolis, MD 21401>  
<410-268-6488>

<Cumberland Regional Office>  
<10 Commerce Drive>  
<Cumberland, MD 21502>  
<301-724-1313>

<Easton Regional Office>  
<301 Bay Street, Suite 401>  
<Easton, MD 21601>  
<410-822-1850>

<Frederick Regional Office>  
<5100 Buckeystown Pike>  
<Westview Village, Suite 215>  
<Frederick, MD 21704>  
<301-663-3138>

<Hagerstown Regional Office>  
<182–184 Eastern Boulevard N.>  
<Hagerstown, MD 21740>  
<301-733-5995>

<Salisbury Regional Office>  
<224 Phillip Morris Drive>  
<Suite 106>  
<Salisbury, MD 21804>  
<410-742-3274>

**Phone**—Call us toll-free at <800-275-3802> to speak to one of our knowledgeable product consultants.

**Web**—Visit <[www.carefirst.com/medicareguide](http://www.carefirst.com/medicareguide)> to view our Medigap plan options and get a free rate quote.

## Federal contacts

**Medicare**—the official source for Medicare information including details about coverage, costs and the *Medicare & You* handbook:

<800-MEDICARE (633-4227)>

<[www.medicare.gov](http://www.medicare.gov)>

**Social Security Administration**—the first place to go when you have questions about your Medicare eligibility or enrollment:

<800-772-1213>

<[www.ssa.gov](http://www.ssa.gov)>

## Broker contacts

If you're currently working with a broker or have worked with one in the past, they can be a great resource for you as well. Brokers can provide personal service at no additional cost to you.





CONNECT WITH US:



<In the District of Columbia and Maryland>, CareFirst MedPlus is the business name of First Care, Inc. <In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (Used in VA By: First Care, Inc.).>  
First Care, Inc. is an independent licensee of the Blue Cross and Blue Shield Association. ® Registered trademark of the Blue Cross and Blue Shield Association.

State:	District of Columbia	Filing Company:	First Care, Inc.
TOI/Sub-TOI:	MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010		
Product Name:	CareFirst MedPlus		
Project Name/Number:	O65GUIDE (1.20)/O65GUIDE (1.20)		

## Supporting Document Schedules

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	DISBR CareFirst MedPlus Cover Letter - O65GUIDE (1.20).pdf
Item Status:	APPROVED
Status Date:	02/04/2020

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability - O65GUIDE (1.20).pdf
Item Status:	APPROVED
Status Date:	02/04/2020

Satisfied - Item:	Readability Compliance Cert
Comments:	
Attachment(s):	READABILITY COMPLIANCE CERTIFICATION.pdf
Item Status:	APPROVED
Status Date:	02/04/2020



CareFirst MedPlus  
10455 Mill Run Circle  
Owings Mills, MD 21117-5559  
[www.carefirst.com](http://www.carefirst.com)



NAIC #53007

1/14/2020

Government of the District of Columbia  
Commissioner  
Department of Insurance and Securities Regulation  
Insurance Products Division  
810 First Street, N.E., Suite 701  
Washington, DC 20002

Re: Medigap Advertising  
**O65GUIDE (1.20)**

Dear Commissioner:

First Care, Inc. is submitting the Medigap advertising piece identified above pursuant to Section 31-3701 of the Medicare Supplement Insurance Act and Section 2223 of the Medicare Supplement Insurance Regulations.

The previously filed and approved guide, O65GUIDE (11.19) – SERFF Tracking CFMS-1321466541, has been updated with missing edits (minor) that were not incorporated in the previous filing (i.e. updating the number of plan offerings, etc.).

The purpose of this guide to Medicare (“Medicare Made Simple”) is to serve as an educational tool for the senior market segment to help them understand the benefits available through Medicare. The guide does not mention CareFirst MedPlus premiums for our Medicare Supplemental Insurance plan options. However, the guide does briefly showcase the Medicare Supplemental plan options available through CareFirst MedPlus, in a chart format. All Medicare dollar amounts and the years noted have been bracketed so that the guide may be updated in future years without re-filing. Other content has been bracketed as well, which is further explained in the accompanying statement of variability. It is our ultimate goal to use the same guide in D.C, MD, and VA, which is why we’ve bracketed the piece in this way.

If there are any concerns, you can reach me at 410-998-6870 or via email at [sean.smith@carefirst.com](mailto:sean.smith@carefirst.com)

Sincerely,

Sean Smith  
Project Manager

## EXPLANATION OF VARIATIONS FOR FORM: 065GUIDE (1.20)

An explanation for the variable data, caretated throughout the guide has been listed below, and has been broken out first by page number, and then by explanation.

- **“Logo,” Cover Page:** The MedPlus logo is bracketed so that we may update the logo without refiling. Logo could go through minor rebranding in subsequent years.
- **“Subtitle,” Cover Page:** The year <2020> has been bracketed so that it may be updated in subsequent years without refiling.
- **“How to Navigate this Guide,” Page 2:** The year 2020 in “What you pay with Original Medicare vs. what you pay with 2020 CareFirst Medigap plans” has been bracketed so that it may be updated in subsequent years without refiling.
- **“A closer look at Medicare Part A,” Page 6:** The dollar amounts on this page come directly from the government and represent the 2020 Medicare-approved dollar amounts. These dollar amounts will be updated in subsequent years to match the government requirements for Medicare benefit dollar amounts for Medicare Part A. In addition, the year 2020 has been bracketed so that it may be updated in subsequent years without refiling.
- **“A closer look at Medicare Part B,” Page 7:** The dollar amounts on this page come directly from the government and represent the 2020 Medicare-approved dollar amounts. These dollar amounts will be updated in subsequent years to match the government requirements for Medicare benefit dollar amounts for Medicare Part B. The year 2020 has also been bracketed so that it may be updated in subsequent years without refiling.
- **“When can I get Medicare,” Page 8:** Brackets have been placed around the phone number as it could change in future benefit years.
- **“Medicare Initial Enrollment Period Timeline,” Page 9:** Brackets have been placed around the dates in the example so they may be updated in subsequent years without refiling. For instance, June 1, 2020 may be updated to June 1, 2021 next year so that the date stays relevant.
- **“Path #2: When you retire after age 65,” Page 10:** Brackets have been placed around the web address in the event that it changes in future benefit years.
- **“Medicare Special Enrollment Period Timeline,” Page 11:** Brackets have been placed around the dates in the example so they may be updated in subsequent years without refiling. For instance, January 1, 2020 may be updated to January 1, 2020 next year so that the date stays relevant.



- **“Original Medicare doesn’t cover it all,” Page 12:** The dollar amounts on this page come directly from the government and represent the 2017 Medicare-approved dollar amounts. These dollar amounts will be updated in subsequent years to match the government requirements for Medicare benefit dollar amounts for Medicare Part A. The web address has also been placed in brackets in the event that it changes in future benefit years.
- **Medigap explained, Page 14:** The number of plans is bracketed <12> and <nine>, as these are subject to change in future benefit years.
- **Enrolling in a Medigap plan,” Page 15:** Brackets have been placed around the dates in the example so they may be updated in subsequent years without refiling. For instance, March 1, 2020 may be updated to March 1, 2021 next year so that the date stays relevant.
- **“What you pay with Original Medicare vs. what you pay with 2020 CareFirst Medigap plans,” Pages 16-17:** The dollar amounts on this page come directly from the government and represent the 2020 Medicare-approved dollar amounts. These dollar amounts will be updated in subsequent years to match the government requirements for Medicare benefit dollar amounts for Parts A & B. Dates and years have also been bracketed so that they may be updated in subsequent years without refiling.
- **Find the Medigap plan that fits your needs,** Page 18: The plans listed under “does my doctor accept Medicare assignment?” and will I be travelling out of the country?” have been bracketed as this plan listing could change depending on CMS guidelines.
- **“Using Part D Coverage,” Page 21:** The dollar amounts on this page come directly from the government and represent the 2020 Medicare-approved dollar amounts. These dollar amounts will be updated in subsequent years to match the government requirements for Medicare benefit dollar amounts for Medicare Part D. Percentages are also bracketed, as these could change in future plan years. The year 2020 has also been bracketed so that it may be updated in subsequent years without refiling. In addition, the phone number and website have been placed in the brackets in the event that they change in future benefit years.
- **“Part D – the Donut Hole,” Page 22:** The dollar amounts on this page come directly from the government and represent the 2020 Medicare-approved dollar amounts. These dollar amounts will be updated in subsequent years to match the government requirements for Medicare benefit dollar amounts for Medicare Part D.
- **“Enrolling in Medicare Advantage,” Page 25:** Brackets have been placed around the web address in the event that it changes in future benefit years.
- **“Exclusions and limitations,” Page 30:** Brackets have been placed around the subrogation and exclusions language so that additional subrogation and exclusions language specific to Virginia may be added once CareFirst MedPlus has been filed and approved to launch in that jurisdiction in the event that the language differs from what was filed and approved in Maryland and D.C. If

Virginia-specific language is required to be added to the guide, the subrogation and exclusions language that appears on the advertisement today will remain exactly the same. Ultimately, our goal is to use the same guide in all three jurisdictions, which is why we've bracketed the piece in this way.

- **“Policy Form Numbers,” Page 31:** Brackets have been placed around the policy form numbers so that additional policy form numbers specific to Virginia may be added once CareFirst MedPlus has been filed and approved to launch in that jurisdiction. When this language is added to the guide, the Maryland and D.C. specific language will remain exactly as it appears today. Ultimately, our goal is to use the same guide in all three jurisdictions, which is why we've bracketed the piece in this way.
- **“Key contacts,” Inside back cover:** Brackets have been placed around all CareFirst regional office contact information, phone numbers, hours of operation, and websites as they could change in future benefit years.
- **“Back Cover:”** The social media icons on the back cover have been placed in brackets as they could change in future benefit years. The MedPlus logo is also bracketed so that we may update the logo without refiling. In addition, brackets have been placed around portions of the legal tagline that the Board of Insurance in Virginia has requested that we add to differentiate between the exact name of the legal entity that is licensed to do business in MD and D.C. (First Care, Inc.) and VA (First Care, Inc. of Maryland (Used in VA By: First Care, Inc.)). However, it is possible that they could require us to include different language in the future to make this distinction. Regardless, the language in the legal tagline that is not bracketed will remain exactly as it appears.

## READABILITY COMPLIANCE CERTIFICATION

NAME & ADDRESS OF INSURER: First Care, Inc. doing business as CareFirst MedPlus (CareFirst)  
10455 Mill Run Circle, Owings Mills, MD 21117-5559  
202-479-8000

TITLE OF FORM: CareFirst MedPlus Pre-Sales Brochure

FORM NUMBER: O65GUIDE (1.20)

I hereby certify that the above policy form will attach to an evidence of coverage with a Flesch reading ease score above 40.

CareFirst has reviewed the enclosed policy form and certifies that, to the best of its knowledge and belief, the form submitted is consistent and complies with the requirements of the District of Columbia Code, particularly §31-4725 and §31-4726(b)(2) of the District of Columbia Code.



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Signed by Officer of the Insurer  
Brian D. Pieninck  
President and Chief Executive Officer

1/14/2020  
Date